# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## **ACCIDENT STATEMENT**

Date of Submission 10/04/2023 15:48 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 08/04/2023 22:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information 471 YIO CHU KANG ROAD
Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number SJQ4744C

## INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No

Email Address

JAQUESTOH@GMAIL.COM
Mobile Phone No

Alternative Phone No

No

TOH BEE FOONG
S7305275J

JAQUESTOH@GMAIL.COM
(Phone) +65-92380884

## VEHICLE PARTICULARS

Manufacturer

Model E200
Variant MERCEDES BENZ / E200 AVG AUTO
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1991

## INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5093341180-05

#### DRIVER

Name of DriverSARAH YEWNRIC NoS9744350EDate Of Birth05/12/1997OccupationIndoor

Date Of Driving Pass 08/01/2018 Driving experience 5 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-83392824 Alt. Phone Number Email Address SARAHYJQ97@GMAIL.COM Address 8 SERENADE WALK Address complement **SINGAPORE** Postcode 575757 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMY4655Z Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category NA / Unknown

LIM SAN SIONG

(Phone) +65-92306601

Name of Driver

Contact Number

Address	_
Address complement	_
Postcode	-
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	0

Un 8/9/60 of 1030 hrs, I was alrung off from the traffic light at 47	1 27 30
	1 410
On 8/4/23 at 1030 hrs, I was driving off from the traffic light at 47 Chukang Road. Suddenly, I felt an impact from the right side. I differ formand, alighted and realised that SMY 4655Z had collided into my vehicle, SJO4144C (on the right side). We exchanged particulars	-ove
Porward, alm wed and realised that SMY4655Z Kad collided into my	
which STOY1446 (on the note only) We exchauged particulars	
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claration	
ciaration	
e declare the foregoing particulars are true in every respect.	
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NV 111 V 10/4/23 VOI	
U (9 games 199125	
icyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting	Centre
ne & Time Personnel	Comin

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time

Policyholder's Signature / Date & Time

Personnel

Witnessed by Reporting Centre Personnel





















